

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 763773	RECEIPT DATE:	02 / 26 / 01
IA NUMBER:	PCT/ US99 / 19700	IA FILING DATE:	08 / 31 / 99
FAMILY NAME:	ESKICIOGLU	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	AHMET MURSUIT	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	08 / 31 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	RCA 89181	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:		CUSTOMER NUMBER:	000000 TELEPHONE 0000000000
			FAX
NAME:	JOSEPH S TRIPOLI		
	THOMSON MULTIMEDIA LICENSING		
STREET:	PO BOX 5312		
CITY:	PRINCETON		
STATE/COUNTRY:	NJ	ZIP:	08540
EMAIL:			
APPLICATION TITLES:			
	COPY PROTECTION SYSTEM FOR HOME NETWORKS		

TAB TO LAST POSITION,PUSH SEND



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BIBDATASHEET**CONFIRMATION NO. 5177**

Bib Data Sheet

SERIAL NUMBER 09/763,773	FILING DATE 02/26/2001 RULE	CLASS 380	GROUP ART UNIT 2135	ATTORNEY DOCKET NO. RCA 89181
APPLICANTS Ahmet Mursit Eskicioglu, Indianapolis, IN; Billy Wesley Beyers, Carmel, IN;				
** CONTINUING DATA ***** This application is a 371 of PCT/US99/19700 08/31/1999 which claims benefit of 60/098,501 08/31/1998				
** FOREIGN APPLICATIONS *****				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and <u> </u> <u> </u> Acknowledged Examiner's Signature Initials		STATE OR COUNTRY IN	SHEETS DRAWING 3	TOTAL CLAIMS 20
		INDEPENDENT CLAIMS 3		
ADDRESS Joseph S Tripoli Thomson Multimedia Licensing Inc PO Box 5312 Princeton , NJ 08540				
TITLE Copy protection system for home networks				
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)	

		<input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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